

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 30, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Big Red 66, 5700 N. 33rd and 8350 Northwood's Drive requesting a class D liquor licenses.

These locations were previously known as Stop N Shop which held class D liquor licenses.

Randy Price, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mr. Price was born in Fremont, Nebraska. He has been self employed since 1992.

The required training will be completed on January 13th 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Big Red 66 #2

Street Address #1 5700 No. 33rd

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68504

Premise Telephone number 402 - 477 - 4041

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the Commission)

Name Quin-C, Inc

Street Address

#1 ~~3003 So 31~~ 3003 So 31

Street Address

#2 _____

City Lincoln

State NE

Zip Code 68502

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

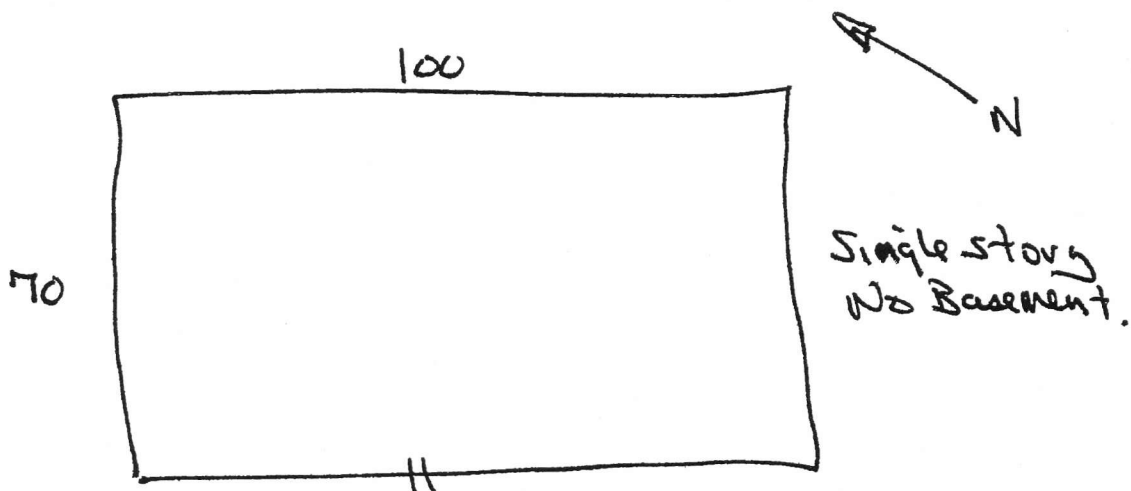
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 100 feet

Width 70 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



PREMISE INFORMATION

Trade Name (doing business as) Big Red 66 #1

Street Address #1 8350 NORTHWOODS Dr.

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68505

Premise Telephone number 402 - 489. 1222

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the Commission)

Name Quin-C, Inc

Street Address

#1 ~~3003 So St~~

3003 So St

Street Address

#2 _____

City Lincoln

State NE

Zip Code 68502

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

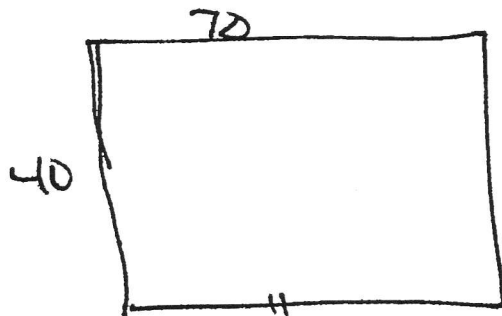
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 70 feet

Width 40 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



Single Story
No Basement

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Randy Price	12.1.83	Lincoln NE	Promote Gambling	\$250 fine

2. Are you buying the business of a current retail liquor license?*

☒ YES ☐ NO

Inventory only

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

Stop N Shop, 84841

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (form 125)

b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender _____

Westgate Bank

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner. _____

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Carolyn Otte / Randy Price ; West Gate Bank

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

n/a

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- ☐ Lease: expiration date _____
☒ Deed
☐ Purchase Agreement

15. When do you intend to open for business? 12/1/10

16. What will be the main nature of business? C-store and related operations

17. What are the anticipated hours of operation? 6am-11pm

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Lincoln, Ne	>20	years	Lincoln, Ne	>20 years	

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Carolyn Otte

Signature of Applicant

[Signature]

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 11-19-10 by

Carolyn Otte

Jan Wood
Notary Public signature

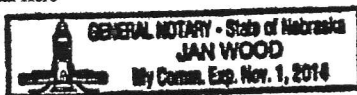
County of Lancaster

The foregoing instrument was acknowledged before me this 11/19/10 by

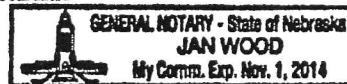
Robert Otte

Jan Wood
Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 19 2010

NEBRASKA LIQUOR

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Carolyn Otte

Name of Corporation that will hold license as listed on the Articles

Quin-C, Inc.

Corporation Address: 3003 So 31

City: Lincoln State: Ne Zip Code: 68502

Corporation Phone Number: 402-423-7369 Fax Number n/a

Total Number of Corporation Shares Issued: 9600

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Otte First Name: Carolyn MI: S.

Home Address: 3003 So 31 City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-423-7369

X Carolyn Otte

Signature of president

State of Nebraska

County of LANCASTER

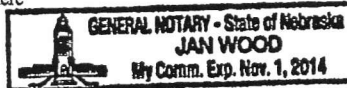
The foregoing instrument was acknowledged before me this

11-19-10
date

by CAROLYN OTTE
name of person acknowledged

Jan Wood
Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Otte First Name: Carolyn MI: S

Social Security Number: _____ Date of Birth: _____

Title: Pres Number of Shares 9500

Spouse Full Name (indicate N/A if single): Robert Otte

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Price First Name: Randy MI: J

Social Security Number: _____ Date of Birth: _____

Title: Dir of Operations Number of Shares 100

Spouse Full Name (indicate N/A if single): Catherine Price

Spouse Social Security Num _____ Date of Birth _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 19 2010

NEBRASKA LIQUOR

CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Quin-C, Inc.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Big Red 66 #2

Premise Street Address: 5700 No 33rd

City: Lincoln

State: Ne

Zip Code: 68504

Premise Phone Number: 402-477-4041

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

X Carolyn Otto
Carolyn Otto

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
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- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Quin-C, Inc.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Big Red 66 #1

Premise Street Address: 8350 Northwoods Dr

City: Lincoln

State: Ne

Zip Code: 68505

Premise Phone Number: 402-409-1222

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

X Carolyn Otte

CORPORATE OFFICER SIGNATURE

Otte, Inc. (Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Price First Name: Randy MI: J

Home Address (include PO Box if applicable): 3050 Sardius Ct

City: Lincoln State: Ne Zip Code: 68502

Home Phone Number: 402-423-7747 Business Phone Number: 402-430-3833

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Fremont, Ne

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Price First Name: Catherine MI: M

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Fremont NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Lincoln Ne	>20years		Lincoln Ne	>20 years	

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	2010	Firethorn Golf Club	Mark Wible	402-310-1678
2009	2010	CBS Signs	Jay Mueller	402-740-1784

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Randy Price, 12/1/83, Promoting gambling, \$250 fine, Lincoln NE

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. List the training and/or experience (when and where)

Date:	Where:

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

X Randy J Price
Signature of Manager Applicant

X Catherine M Price
Signature of Spouse

State of Nebraska

County of Lancaster

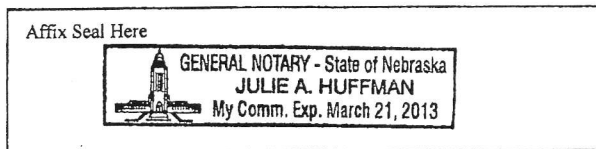
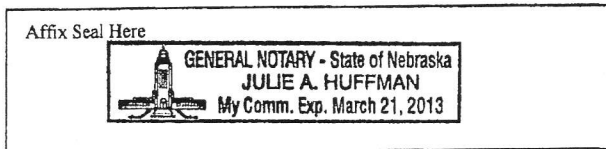
County of Lancaster

The foregoing instrument was acknowledged before me this 11-9-10 by

The foregoing instrument was acknowledged before me this 11-9-10 by

Randy J Price
Julie A Huffman
Notary Public signature

Catherine M. Price
Julie A Huffman
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NOV 19 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Catherine M Price

Signature of spouse asking for waiver
(Spouse of individual listed below)

CATHERINE M PRICE

Printed name of spouse asking for waiver

State of NE

County of Lancaster

11-9-10

date

by

Catherine M. Price

name of person acknowledged

Julie A Huffman
Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Randy J Price

Signature of individual involved with application
(Spouse of individual listed above)

RANDY J PRICE

Printed name of applying individual

State of NE

County of Lancaster

11-9-10

date

by

Randy J Price

name of person acknowledged

Julie A Huffman
Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JULIE A. HUFFMAN
My Comm. Exp. March 21, 2013

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Print Form

Office Use

RECEIVED

NOV 19 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Robert R. Ott

Signature of spouse asking for waiver
(Spouse of individual listed below)

ROBERT R. OTT

Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

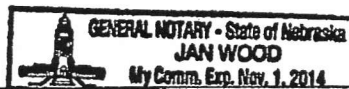
11/19/10
date

by ROBERT R. OTT

name of person acknowledged

Jan Wood
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

X Carolyn S. Ott

Signature of individual involved with application
(Spouse of individual listed above)

CAROLYN S. OTT

Printed name of applying individual

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

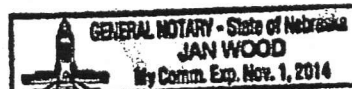
11/19/10
date

by CAROLYN S. OTT

name of person acknowledged

Jan Wood
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

Temporary Operating Permit

Nebraska Liquor Control Commission

10 – 934-D

Issued: NOVEMBER 24, 2010 – Expires: FEBUARY 22, 2011

QUIN-C INC

DBA: BIG RED 66 #2

SINGLE STORY BLDG APPROX 100FT X 70FT



**Hobert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
(402) 471 – 2571**



*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***

**APPLICATION FOR TEMPORARY
OPERATING PERMIT (T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 19 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

- This application may be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P., no extensions

On (date) _____ seller and buyer entered into a contract for sale of the business known as Inventory of the TOP# _____
Stopnship, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days no extensions.

☒ The purchaser shall supply the commission with documentation (statement from the wholesaler indicating balance is zero owed) from the seller that the seller is current on all accounts with any wholesaler under section 53-123.02.

[Signature]
Signature of seller

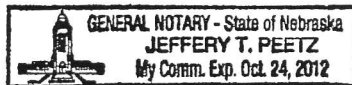
State of Nebraska

County of LANCASTER

The forgoing instrument was acknowledge before
me this 11/17/10
Date

[Signature]
Notary Public Signature

Affix Seal Here



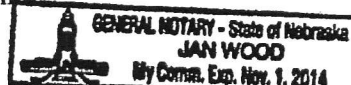
Carolyn Otte
Signature of buyer
Quin - C Inc
Carolyn Otte, Pres.
State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before
me this 11/19/10
Date

[Signature]
Notary Public Signature

Affix Seal Here



RECEIVED

NOV 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION
2693681363
MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 122-58

1. PLACE OF BIRTH STATE OF MINNESOTA a. COUNTY <u>Olmsted</u> b. CITY <u>Rochester</u> c. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Saint Marys Hospital</u> d. Is place of birth inside corporate limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Minnesota</u> b. COUNTY <u>Olmsted</u> c. CITY <u>Rochester</u> d. Is residence inside corporate limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. Is residence on a farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> f. ADDRESS OF MOTHER Post Office <u>Rochester</u> Street address or R.F.D. No. <u>1415 Fourth Ave. S.W.</u>	
3. NAME (Type or print) <u>Carolyn Sue Carveth</u> 4. SEX <u>Female</u> 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 5b. IF TWIN OR TRIPLET (This child born) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd 6. DATE OF BIRTH (Month) (Day) (Year)		7. NAME <u>Stephen W. Carveth</u> 8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS 10. BIRTHPLACE (State or foreign country) <u>Lincoln, Nebraska</u> 11a. USUAL OCCUPATION <u>Physician-Mayo Clinic</u> 11b. KIND OF BUSINESS OR INDUSTRY		12. MAIDEN NAME <u>Norma E. Lothrop</u> 13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS 15. BIRTHPLACE (State or foreign country) <u>Sioux City, Iowa</u> 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children stillborn (born dead after 28 weeks pregnancy)? <u>0</u>		17. I certify that this certificate is CORRECT. <u>Norma Carveth</u> (Signature of Parent)	
FOR HOSPITAL BIRTHS ONLY I hereby certify that I attended the birth of this child who was born alive on the date stated above, at <u>12:18 A.</u> M.		18a. SIGNATURE OF ATTENDANT <u>Reginald A. Smith</u> 18b. ADDRESS 18c. ATTENDANT AT BIRTH <u>R. A. Smith, M.D.</u> M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) 18d. DATE SIGNED <u>December 27, 1958</u>	
19. DATE FILED BY LOCAL REG. <u>12/31/58</u>		20. REGISTRAR'S SIGNATURE <u>Viktor O. Wilson</u>	

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

October 28, 1981

Frederick L. King
Frederick L. King, State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL

**DUPLICATE—to be given
to this child's parent.**

PHS-796(VS).
REV. 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

**STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126**

1. PLACE OF BIRTH a. COUNTY Dodge		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Dodge	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Fremont		c. CITY (If outside corporate limits, write RURAL) OR TOWN Fremont	
c. FULL NAME OF HOSPITAL OR INSTITUTION Dodge County Community Hospital		d. STREET ADDRESS (If rural, give location) 243 South Hancock	
3. CHILD'S NAME (Type or print) a. (First) Randy b. (Middle) c. (Last) Price			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH
FATHER OF CHILD			
7. FULL NAME a. (First) Phillip b. (Middle) Dale c. (Last) Price		8. COLOR OR RACE white	
9. AGE (At time of this birth) 27 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Antlers, Oklahoma	11a. USUAL OCCUPATION Police Officer	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Dorothy b. (Middle) Mae c. (Last) Stodola		13. COLOR OR RACE white	
14. AGE (At time of this birth) 22 Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) Clarkson, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs Dorothy Price - Mother			
I hereby certify that this child was born alive on the date stated above at 11:20 PM		18a. SIGNATURE <i>[Signature]</i>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
19a. ADDRESS <i>[Address]</i>		19. MOTHER'S MAILING ADDRESS 243 South Hancock Fremont, Nebraska	
20. DATE RECD BY LOCAL REG.		21. REGISTRAR'S SIGNATURE	

A certified copy of the original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of \$1.00 in cash or money order. If you supply the following information: CHILD'S NAME; PLACE OF BIRTH; YEAR, MONTH, DAY OF BIRTH; FATHER'S NAME; MOTHER'S MAIDEN NAME; PHYSICIAN'S NAME.

The original of the above certificate is required to be filed with the State Department of Health, Lincoln, Nebraska, as permanent depository

Certified copies, to serve all purposes, must bear the Seal of State of Nebraska Department of Health.

In case corrections in spelling become necessary or additions made, the facts should be furnished the State Department of Health in requesting the change.